

Kansas Self-Management Education

Post-PAS/Completed by participant

A Stanford University Self-Management Program

Your insurance will not be billed for this program.



Please complete if you have pre-diabetes or diabetes. The answers you give for these questions will help us to make our diabetes self-management education program better. This information will stay private.

First Name _____ **Last Name** _____

Date _____

1. How does exercise help your blood sugar?

Check only one:

- ☐ Lowers blood sugar ☐ Raises blood sugar ☐ Has no effect on blood sugar ☐ I don't know

2. Which one is the best way to take care of your feet?

Check only one:

- ☐ Look at and wash them every day ☐ Massage them every day with alcohol
☐ Soak them every day for one hour ☐ Buy shoes a size larger ☐ I don't know

3. What is a retinal exam?

Check only one:

- ☐ An exam of your feet ☐ An exam of your gums ☐ An exam of your eyes ☐ I don't know

4. Carbohydrates (starches and sweets) break down in your body to what?

Check only one:

- ☐ Wheat / whole grains ☐ Fats ☐ Glucose / sugar ☐ I don't know

These questions will help us understand how you cope with your diabetes:

5. How often in the last week have you felt overwhelmed by living with diabetes?

Check only one:

- ☐ Never ☐ Almost never ☐ Sometimes ☐ Most of the time ☐ Always

6. Do you know healthy ways to handle the stress related to your diabetes?

Check only one:

- ☐ Yes, I can ☐ Maybe ☐ I don't know ☐ I don't think so ☐ No

7. When you need it, do you feel you can ask for support on how to live with and take care of your diabetes?

Check only one:

- ☐ Yes, I can ☐ Maybe I can ☐ I don't know if I can ☐ I don't think I can ☐ No, I can't

8. Do you feel you can ask your doctor questions about your treatment plan?

Check only one:

- ☐ Yes, I can ☐ Maybe I can ☐ I don't know if I can ☐ I don't think I can ☐ No, I can't

9. Do you feel you can make a plan with goals that will help control your diabetes?

Check only one:

- ☐ Yes, I can ☐ Maybe I can ☐ I don't know if I can ☐ I don't think I can ☐ No, I can't

Please continue to page two. →

10. In the last week, how many days did you eat five or more servings of fruits or vegetables?

Pick one:

0 1 2 3 4 5 6 7

11. In the last week, how many days did you exercise for at least 30 minutes?

Pick one:

0 1 2 3 4 5 6 7

12. In the last week, how many days did you test your blood sugar?

Pick one:

0 1 2 3 4 5 6 7

☐ I don't test my blood sugar.

13. In the last week, how many days did you take your diabetes medication as ordered by your doctor?

Pick one:

0 1 2 3 4 5 6 7

☐ I don't take diabetes medication.

14. In the last week, how many days did you check your feet?

Pick one:

0 1 2 3 4 5 6 7